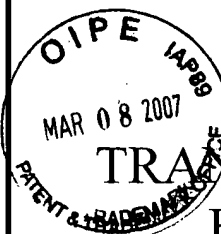


03-09-07

IFW

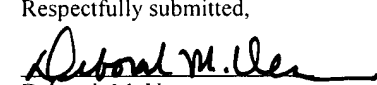
1725 #


Express Mail Mailing Label No. EV 931177413 US

 <b>TRANSMITTAL FORM</b>	Application Number	10/539,099
	Filing Date	January 30, 2006
	First Named Inventor	Bernhard Engl
	Group Art Unit	1725
	Examiner Name	Lin, Kuang Y
	Attorney Docket No.	20496-482
	Patent No.	Not yet assigned
	Issue Date	Not yet assigned

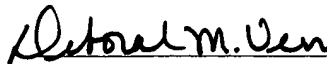
**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form  <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input checked="" type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Replacement Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction  <input type="checkbox"/> Certificate of Correction  <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief  <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Response to Restriction Requirement (1 page)
---	--	--

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	Respectfully submitted,  Date: March 08, 2007 Reg. No.: 55,699 Tel. No.: (617) 526-9836 Fax No.: (617) 526-9899 Deborah M. Vernon Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600

					Complete if Known				
					Application Serial No.		10/539,099		
					Docket No.		20496-482		
					Filing Date		January 30, 2006		
					First Named Inventor		Bernhard Engl		
					Group No.		1725		
Examiner Name		Lin, Kuang Y							
Confirmation No.		7141							

METHOD OF PAYMENT					FEE CALCULATION (continued)						
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					4. ADDITIONAL FEES						
					Large Entity	Small Entity					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 16-2500. <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.					Fee (\$)	Fee (\$)	Fee Description	Fee Paid			
<input type="checkbox"/> Applicant claims small entity status. (deduct 50%)					130	65	Surcharge - late filing fee or oath				
					50	25	Surcharge - late provisional filing fee or cover sheet				
					130	130	Non-English specification				
					2,520	2,520	Request for ex parte re-examination				
FEE CALCULATION					120	60	Extension for reply within 1 <sup>st</sup> mo.				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					450	225	Extension for reply within 2 <sup>nd</sup> mo.				
Application Type	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 <sup>rd</sup> mo.				
Utility	300	500	200		1,590	795	Extension for reply within 4 <sup>th</sup> mo.				
Design	200	100	130		2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.	2,160			
Plant	200	300	160		500	250	Notice of Appeal				
Reissue	300	500	600		500	250	Filing a brief in support of an appeal				
Provisional	200	0	0		1,000	500	Request for oral hearing				
Small Entity Discount					400	0	Petitions to the Director				
1. TOTAL					180	180	Submission of IDS				
2. EXCESS CLAIM FEES					790	395	Filing a submission after final rejection (37 CFR 1.129(a))				
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.					50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.					200	100					
Total Claims							For each additional invention to be examined (37 CFR 1.129(b))				
Extra Claims							Certificate of Correction for applicant's error				
Fee Paid (\$)					130	65	Submission of Terminal Disclaimer				
- 20 or HP= _____ x \$ _____ =					Other fee (Specify) _____						
HP = highest number of total claims paid for, if greater than 20					Other fee (Specify) _____						
Indep. Claims							4. TOTAL: \$2,160.00				
Extra Claims											
- 3 or HP= _____ x \$ _____ =											
HP = highest number of total claims paid for, if greater than 3											
Multiple Dependent Claims					Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)				
					360	180					
2. TOTAL:					0.00		TOTAL AMOUNT SUBMITTED (\$2,160.00)				
3. APPLICATION SIZE FEE					SIGNATURE BLOCK						
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					Respectfully submitted,						
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid	Date: March 8, 2007 Reg. No.: 55,699 Tel. No.: (617) 526-9836 Fax No.: (617) 526-9899						
round up to a whole number				x					=	 Deborah M. Vernon Proskauer Rose LLP One International Place Boston, MA 02110-2600	
-100= 0	/50=			x					=		
3. TOTAL:					0.00						
CORRESPONDENCE ADDRESS											
Direct all correspondence to:											
Patent Administrator											
Proskauer Rose LLP											
One International Place											
Boston, MA 02110											
Tel. No.: (617) 526-9600											
Fax No.: (617) 526-9899											